National Guard and Army Reserve Readiness and Operations Support

Information Brief

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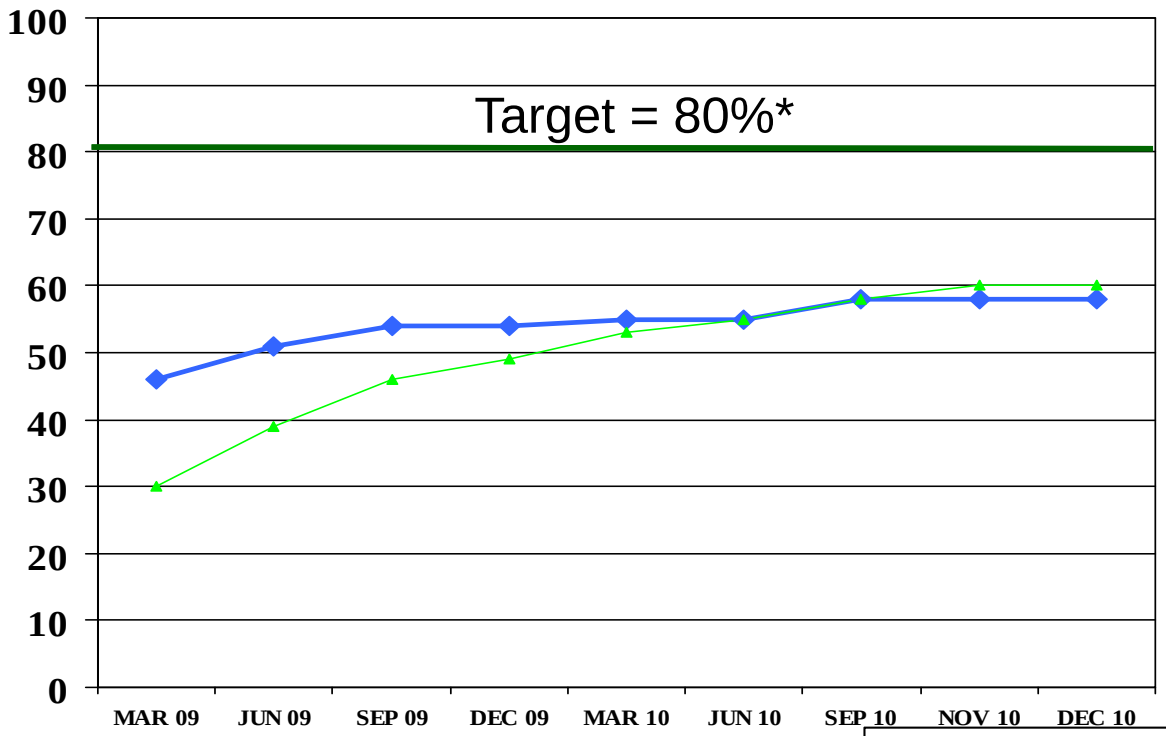
Briefing Outline

PURPOSE: To provide an overview of current medical readiness lines of effort in support of the Army Surgeon General's Medical Readiness Campaign Plan and current status of Army Reserve Component's Individual Medical Readiness metrics.

1. Outline
2. Where are we now?
3. Soldier Medical Readiness Campaign Plan
4. Reserve Component Not-Medically Ready Identification and Management
5. Injury Prevention/Human Performance Optimization (Soldier-Athlete Initiative)
6. Conclusion

Where are we now?

% Soldier Medical Readiness Classifications (MRC) 1 & 2
Army National Guard, US Army Reserves (ARNG, USAR)



*Target is established as 80% of the non-deployed RC assigned End strength

Source:
MEDPROS
3 JAN 11

Ongoing Initiatives:

- First Term Dental Readiness (FTDR
- RC Dental Demobilization Reset (RC-DDR)
- Army Selective Reserve (SELRES) Dental Readiness System (ASDRS)
- Reduce Indeterminants (MRC 4), Dental Class 4
- PHA w/PDHA during Demobilization

Medical Readiness Classification (MRC)

MR 1 – Meets all requirements
MR 2 – IMR requirements that can be resolved within 72 hours
MR 3A – IMR requirements that can be resolved within 30 days
MR 3B – IMR requirements that cannot be resolved in < 30 days
MR 4 – Current status is not known

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Army RC Individual Medical Readiness

% Soldier Medical Readiness Classifications (MRC) 1 & 2
Army National Guard, US Army Reserves (ARNG, USAR) by IMR Category

ELEMENT	ARNG*	USAR*
Dental Class 1 or 2	66%	70% (+1)**
Immunizations	78%	87% (+2)**
Medical Readiness Labs	91% (-1)**	93% (-1)**
No Deployment Limiting Conditions	89% (+1)**	86% (+1)**
Health Assessment	82%	84% (+4)**
Medical Equipment	81% (-1)**	79% (-1)**

*** Non Deployed Population as of 31 Dec 2010**
Source: Medical Protection System (MEDPROS)
**** % change betweenOct10 and Jan11**
Reporting periods

Army Medical Readiness

Lessons Learned – What we know

- Nine years of persistent conflict have placed a strain on our forces
  - Average AC BCT non-deployable percentage increased from ~10% in FY07 to ~14% in FY10.
  - Army is evaluating the same data relative to the ARNG BCTs
  - The percentage of medical non-deployables (MRC 3A, 3B) is a substantial number of the total non-deployables
- The Army can reduce the number of indeterminants and focus on resolving cases with treatable issues (MRC 3A) and adjudicating those with non-fitting conditions requiring MEBs
- The following table shows the distribution of the Army in the various categories:

Compo (Total Strength w/ Deferment)	Total Strength	Fully Ready	%	Partially Ready	%	Indeterminate	%	Not Ready	%
Active	498267	388331	77.94%	21149	4.24%	52499	10.54%	36288	7.28%
Reserve	205286	94068	45.82%	24457	11.91%	41979	20.45%	44782	21.81%
Guard	363456	162041	44.58%	42999	11.83%	86088	23.69%	72328	19.90%
Total	1067009	644440	60.40%	88605	8.30%	180566	16.92%	153398	14.38%

Soldier Medical Readiness Campaign Plan Overview

Soldier Medical Readiness Campaign Plan

Mission Statement

US Army Medical Command executes a **coordinated, synchronized, and integrated** comprehensive Soldier Medical Readiness Campaign to support ARFORGEN in each of its phases in order to increase the medical readiness of the Army.

Commander's Intent

Purpose: US Army Medical Command executes a Soldier Medical Readiness Campaign to **improve the medical readiness status** of the Army. This campaign seeks to leverage and optimize all components of the Army to ensure a healthy and resilient force.

Key tasks:

- Provide **Commanders** the tools, policy, regulations, and guidance to **manage** their Soldiers' medical requirements
- Coordinate, Synchronize, and Integrate Wellness, Injury Prevention & Human Performance Optimization Programs across the Army
- Identify the Medically Not Ready (MNR) Soldier Population
- Implement Medical Management Programs to reduce the MNR Soldier Population
- Develop objective performance measures to monitor the success of this campaign
- Develop Army messages to educate and inform the force

End State: Support the deployment of healthy, resilient, and fit Soldiers and increase the medical readiness of the Army. Effectively manage the medically not ready population IOT return the maximum number of Soldiers to available/deployable status. Instill trust and value in Army Medicine.

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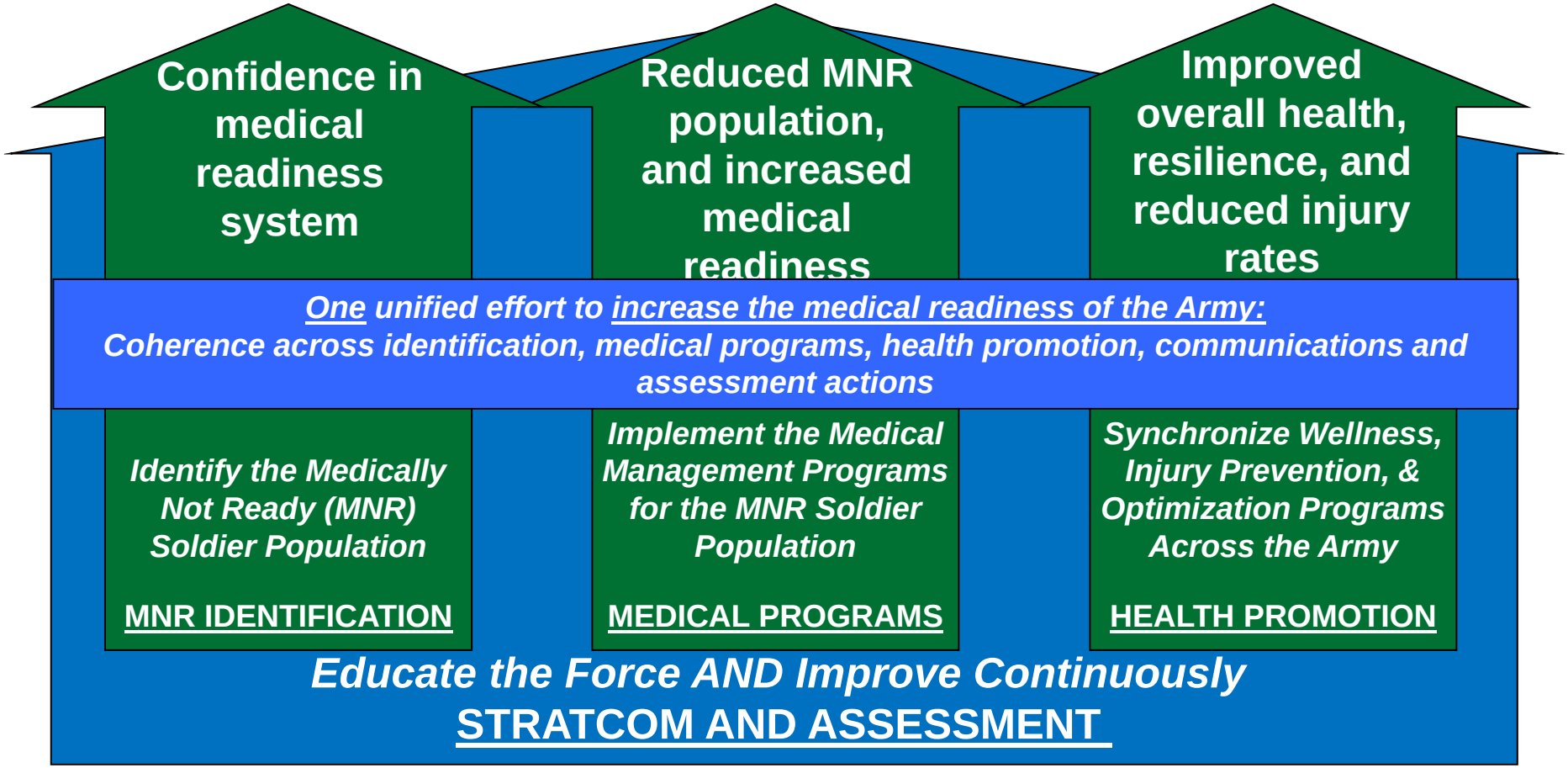
Soldier Medical Readiness Campaign Plan

SMR-CP Overview - Concept of Operations (1 of 2)

End State: End State: Support the deployment of healthy, resilient, and fit Soldiers and increase the medical readiness of the Army. Effectively manage the medically not ready population IOT return the maximum number of Soldiers to available/deployable status. Instill trust and value in Army Medicine.



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Soldier Medical Readiness Campaign Plan

SMR-CP Overview (2 of 2)

**MEDCOM Lead

Key Task	Lines of Effort	Tools	Objective
Identify the Medically Not Ready Soldier Population	1.0 MNR Soldier Identification Process (**BG Thomas)	1.1 &2: FRAGO 1 to 10-66; DA EXORD: MEDPROS; ALARACT: Med Readiness Ldrs Guide; ALARACTs 121/2009, 185/2010, 186/2010 1.3: OPORD 10-75 1.3: DA EXORD: e-Profile	Confidence in the medical readiness system
	Identify and track MNR population		
	Reduce MNR indeterminant population (MRC4, DFC 4)		
Implement the Medical Management Programs for the MNR Soldier Population	2.0 MNR management programs (**BG Gamble)	2.1: OPORD 10-66 2.3: OPORD 09-04 2.4: WARNO 11-03 2.4a ALARACT 011/2011	Reduced MNR population and increase medical readiness
	Manage the identified MNR Population		
	Reform PDES		
**MG Stone	Maximize Soldier medical encounter opportunities		
	Maintain commitment to the Warrior Care and Transition Program		
Coordinate, Synchronize, & Integrate Wellness/Injury Prevention Programs Across the Army	3.0 Synchronize/Implement Evidence Based Health Promotion and Wellness, Injury Prevention (IP), and Human Performance Optimization (HPO) Programs (**BG Adams)	3.2: OPORD 10-46, WARNO 10-68	Improved overall health, resilience, and reduced injury rates
Identify metrics to measure outcomes	Integrate IP/HPO research programs		Ensure continuous improvement of MNR management
	Coordinate and synchronize IP/HPO programs across the Army		
Develop Army Message	4.0 Assess and Monitor Effectiveness of SMRC (**BG Adams) Across all LOEs		Educate the Force
	5.0 STRATCOM (BG Gamble/BG Adams) Across all LOEs		

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Management of Reserve Component Medically Not Ready

Identification of MNR Soldiers

- MEDPROS Coordinators for all installations
  - MEDPROS access to RC units
- Increased Automation of MEDPROS
  - Decrease omissions, data latency and errors
- E-profile – fully implemented by end of January, 2011
  - Significant benefit to the RC
- Align health assessments with ARFORGEN
  - **Not just in time medicine**
  - Provide the right care at the right place throughout the ARFORGEN cycle
- Reduce MR4 / Indeterminantes (currently 22.5% of the RC)

PDES Issues Synchronization

RC Medically Not Ready Soldiers

P3 and P4, MRC 3B

RC Centric Model

RC Soldier Medical Support Center

Primary Services (Crawl Phase)

- Serve as primary liaison between RC and MEDCOM for MEB packet submission
- Provide Administrative & Medical Subject Matter Expertise (SME) to the RC regarding MNR packets
- Screen MEB packets for accuracy and completeness
- Provide Administrative and Medical Case review
- Coordinate with the RC on the medical management of MND Soldiers

MNR management does not include those AC or RC assigned/attached to Warrior Transition Units or RC referred through the mobilization/demobilization process

AC Centric Model

Medical Management Centers (MMC)

- Identify MNR population for the Active Duty force
- Identify Medical Management Acuity
- Case Management
- Coordination with TRIAD /Unit Leadership
- Coordination of all PDES functions
- Senior Commanders have management responsibility

Medical Retention Decision Point/Referred MEB

Endstate is the same, how to manage MNRs differs

- **Physical Disability Evaluation System changes**
- **Implementation of the Integrated Disability Evaluation System with DVA**
- **Army's Non-Deployable Campaign Plan**

RCs will manage the FFD/Pre-MEB work; MEDCOM manage MEBs

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Strategic Observations

(From the GEN Franks TF IPR Jul10)

- The Army's utilization of the RC within the Operational Reserve and addition of new health assessment tools (PHA, PDHA, D-RAT, SAT(BH), PDHRA) has increased the visibility of not medically ready Soldiers, and thereby putting a demand on the military health care system that exceeds its capacity.

- The RC Medical system was designed years ago placing the responsibility on the Soldier to seek medical treatment when required and to use government programs when the condition was LOD. In spite of the current Operational Reserve role of the RC, the responsibility to navigate this system remains on the 'backs of Soldiers'.

Injury Prevention/Human Performance Optimization Programs

Soldier-Athlete Initiative

- **Goal**: Reduce musculoskeletal injuries and related Initial Entry Training (IET) attrition while optimizing performance
- In 2008, 30.6% of medical encounters were from IET students at training installations
- Provide IET Brigade cadre advice and recommendations on proper execution of Physical Readiness Training
- Provide conditioning guidance for IET Soldiers in need of remedial training
- Provide nutritional guidance and dietary intake recommendations (fueling)
- Provide special conditioning to bridge gap between medical rehabilitation and PRT

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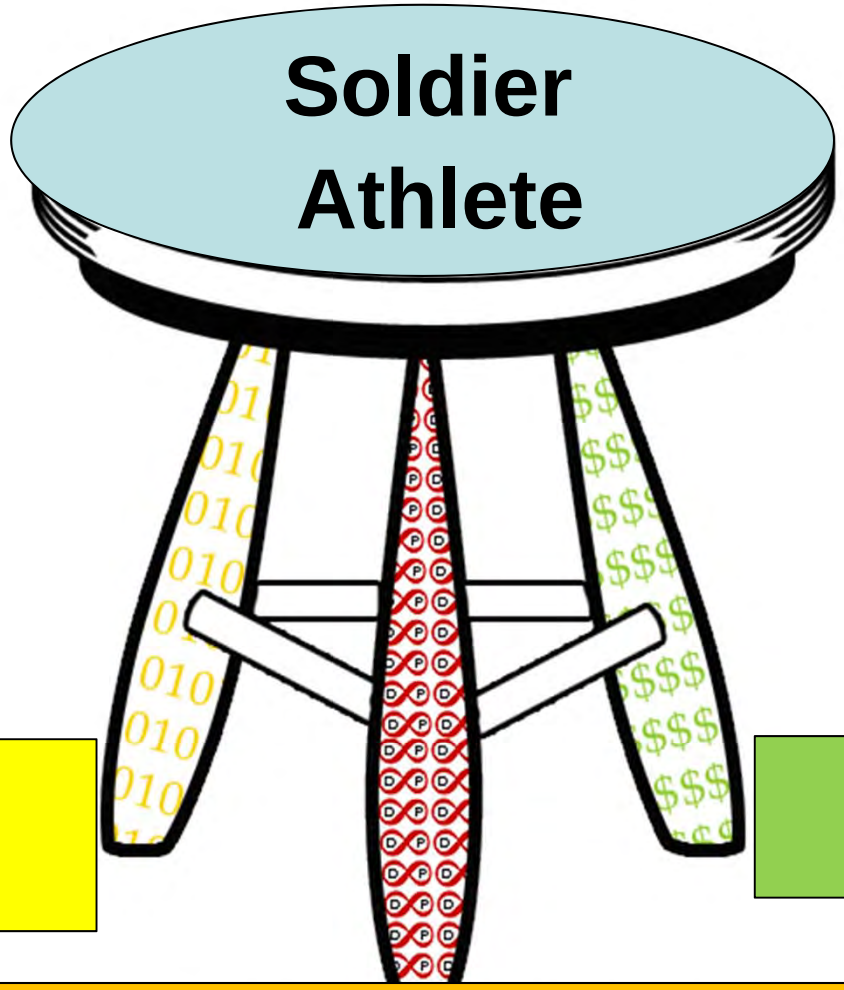
Soldier-Athlete Initiative



Physical Readiness Training

Soldier Fueling

Musculoskeletal Action Teams & Athletic Trainers

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Program Evaluation & Surveillance

- Program Evaluation: Fort Leonard Wood
  - Compares MAT to traditional role of ATs on reducing attrition, injuries and improving performance
  - Success dependent upon accurate data from MAT/ATs and the companies
- Surveillance
  - 5 sites: Fort Benning, Fort Lee, Fort Sill and Fort Jackson, Fort Leonard Wood
  - Metrics related to fitness, injury and attrition

Conclusion

The Army's utilization of the Reserve Components within the Operational Reserve requires a different approach to readiness. The Soldier Medical Readiness Campaign Plan links many of the current initiatives and future efforts to support RC readiness